

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013850

STATE FILE NUMBER

FILED MAY 11 1959

Registration District No.

162

Primary Registration District No.

5595

Registrar's No.

40

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NEAR IMPERIAL MO		c. CITY OR TOWN NEAR IMPERIAL MO	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OAKS REST HOME		d. STREET ADDRESS (If outside, give location) RURAL ROUTE	
3. NAME OF DECEASED (Type or print) First LOUISA Middle MUELLER Last MUELLER		4. DATE OF DEATH Month APR. Day 19 Year 1959	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> 8. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. AGE (In years) Last birthday 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK	
11. BIRTHPLACE (City and state or country) GERMANY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE SINGLE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. NO		17. INFORMANT FORR OAKS REST HOME IMPERIAL MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerotic Heart Disease DUE TO (b) Generalized arterio sclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200			INTERVAL BETWEEN ONSET AND DEATH ?
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4200		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION IMPERIAL MO		20g. COUNTY JEFFERSON	
20h. STATE MO		21. I attended the deceased from Death occurred at 6/27/58 to 4/19/59 and last saw her alive on 4/12/59 on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Frank Buck M.D.		22b. ADDRESS Fenton, Mo.	
22c. DATE SIGNED 4/20/59		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE APR. 21 1959		23c. NAME OF CEMETERY OR CREMATORY BURGESS CEMETERY	
23d. LOCATION (City, town, or county) ANTONIA MO		24. FUNERAL DIRECTOR HEILIGTAG	
24. ADDRESS IMPERIAL MO		25. DATE RECD. BY LOCAL REG. 4-21-59	
26. REGISTRAR'S SIGNATURE Robert E. Bauer		27. (Licensed Embalmer's Statement on Reverse Side)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DATE RECEIVED
MAY 6 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Elmer Heligtag*

Licensed Embalmer No. *3571*

P. O. Address *Imperial*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.